



PARKS AND RECREATION DEPARTMENT
301 Grove Street, Lynchburg, Virginia 24501
Phone: (434) 455-5858 Fax: (434) 528-2794
Web Site: www.lynchburgva.gov/parksandrec

OFFICE USE ONLY

Permit No. _____
Date Received: _____
Event Site: _____
Event Date: _____

Facility and Park Use Permit – Expanded Use

Name of Applicant: _____ Day Phone No: _____

Address: _____
Street City State Zip Code

Are you a City of Lynchburg Resident: ☐ Yes ☐ No E-Mail Address: _____

Is another individual, organization, or business sponsoring this activity: ☐ Yes ☐ No ✓ IF YES, THEN COMPLETE INFORMATION BELOW

Name of Sponsoring individual, organization, or business: _____

Address: _____
Street City State Zip Code

Have You Completed the Preliminary Facility and Park Use Questionnaire?

☐ Yes ✓ IF YES, PLEASE ATTACH ☐ No ✓ IF NO, COMPLETE QUESTIONNAIRE BEFORE CONTINUING

Date of proposed Activity/Event: _____

Day of the Week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours of Proposed Activity/Event: _____ to : _____

Site of Proposed Activity: ✓ PLEASE CHECK THE APPROPRIATE BOX BELOW (OR COMPLETE THE "OTHER" BLANK)

- | | |
|--|---|
| <input type="checkbox"/> Bigger's Playlot, at 501 5 th St. | <input type="checkbox"/> Merritt Hutcherson Stadium (Baseball) at 3180 Fort Ave. |
| <input type="checkbox"/> Blackwater Creek Athletic Area, at 515 Monticello Ave. | <input type="checkbox"/> Miller Park, 2100 Park Avenue, including the following entrances: |
| <input type="checkbox"/> Blackwater Creek Natural Area at 515 Monticello Ave. | <input type="checkbox"/> Miller Park Pool (Park Avenue Entrance) |
| <input type="checkbox"/> City Armory, at 1204 Church St. | <input type="checkbox"/> Miller Park Aviary |
| <input type="checkbox"/> City Football Stadium at 3182 Fort Ave. | <input type="checkbox"/> Miller Park Fireman's Fountain |
| <input type="checkbox"/> Community Market at 1219 Main St. | <input type="checkbox"/> Miller Park (Office/Community Center Complex at 301 Grove St. |
| <input type="checkbox"/> College Hill Community Center at 811 Jackson St. | <input type="checkbox"/> Peaks View Park at 170 Ivy Creek Drive, including the following entrances: |
| <input type="checkbox"/> College Park at 3200 College Dr. | <input type="checkbox"/> Pervical's Island Natural Area at 1600 Concord Turnpike |
| <input type="checkbox"/> Dainel's Hill Community Center at 317 Norwood St. | <input type="checkbox"/> Perrymont Park at 411 Perrymont Ave. |
| <input type="checkbox"/> Diamond Hill Community Center at 1005 17 th St. | <input type="checkbox"/> Riverfront Festival Site at 1000 (to 1014) Jefferson St. |
| <input type="checkbox"/> Fairview Heights Community Center at 3621 Campbell Ave. | <input type="checkbox"/> Riverside Park at Rivermont Ave. |
| <input type="checkbox"/> Fort Avenue Play Lot at 4801 Fort Ave. | <input type="checkbox"/> Sandusky Park at 5805 Rhonda Rd. |
| <input type="checkbox"/> Heritage Park at 531 Leesville Rd. | <input type="checkbox"/> Westover Play Lot at 3117 Westover St. |
| <input type="checkbox"/> Jackson Heights Community Center at 720 Winston Ridge Rd. | <input type="checkbox"/> Yoder Community Center at 109 Jackson St. |
| <input type="checkbox"/> James River Heritage Trail (Blackwater Creek Bikeway & RiverWalk) | <input type="checkbox"/> Younger Park at 2338 Light St. |
| <input type="checkbox"/> Jefferson Park Community Center & Park at 315 Chambers St. | <input type="checkbox"/> Other _____ |

Continued

Proposed Use: _____

Estimated Attendance: _____

Is This a Private Event? ☐ Yes ☐ No

Is this Event Open to the General Public? ☐ Yes ☐ No

Will this event be advertised? ☐ Yes ☐ No ✓ IF YES, CHECK BOX PROVIDED

☐ Newspaper

☐ Television

☐ Radio

☐ Flyers

☐ Banners

☐ Other _____

☐ **IMPORTANT NOTICE:** ALL ADVERTIZED EVENTS THAT TAKE PLACE ON PARKS & RECREATION MANAGED PROPERTIES MUST CLEARLY DENOTE THE NAME OF THE SPONSORING ORGANIZATION ON ANY AND ALL ADVERTIZEMETNS, AND SUCH ADVERTIZEMENTS SHALL CONFORM TO ALL CITY ORDINANCES/PARK RULES WHERE APPLICABLE (SUCH AS BANNER AND ZONING POLICIES).

Please Describe Your Activity in the Space Provided Below (Attach Additional Sheets as Necessary):

Have you received (and read) a copy of Park Rules? ☐ Yes _____ ✓ PLEASE INITIAL NEXT TO BOX

Have you received (and read) a copy of the Shelter Use Policy? ☐ Yes _____ ✓ PLEASE INITIAL NEXT TO BOX

Copy of Certificate of Insurance (COI) Attached for Activity/Event Sponsor?

Copy of Certificate of Insurance (COI) Attached for Support Services? ✓ IF NECESSARY

Name of Support Service Companies/organizations Required to Attach COI (Attach Additional Information as Necessary)

NAME	ADDRESS	PHONE NO.	TYPE OF ORGANIZATIN
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Types of Support Service Organization/Companies (examples): Food Service (Caterer, Etc.), Rental (Tables, Tents, Portable Restrooms Units, Etc.), Amusement Device (Rides, Inflatables, Etc.), Entertainment (Music, Magician, Pony rides, Etc.)

PLEASE READ:

The person or persons to whom this permit is issued shall be responsible for any and all damage to Park and City property and shall assume the defense of and indemnify and save harmless the City, its employees, and officers from and against any and all claims, liabilities, judgements, costs, causes of action, damages and expenses whether in law or equity or otherwise, and shall pay all attorney's fees, court costs and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be recovered from the City, its employees and officers for reason of damage to property, personal injury or death of any person rising from the applicant's use of the City Park or other City Facilities. The Director, with the concurrence of the City Attorney, may require such public liability insurance as he/she deems to be necessary to protect the interest of the City.

All requests for refunds or changes to approved permits must be received 10 days in advance of the reservation date. A \$10.00 handling fee will be assessed for providing changes or refunds.

I have read and understand the above statements. My signature below indicates I agree to the terms listed.

SIGNATURE OF APPLICANT

DATE

The Lynchburg Parks and Recreation Department complies with the Americans with Disabilities Act for qualified individuals. If reasonable accommodation is needed, please tell us upon registering and at least ten day prior to the event.

FOR OFFICIAL USE ONLY:

☐ Permit Granted ☐ Permit Denied √ IF NO, PLEASE EXPLAIN

SIGNATURE OF PARKS MANAGER OR REPRESENTATIVE

DATE

Comments/Conditions:

Amount Received: \$_____

Mandatory Copies to:

☐ Facilities Supervisor ☐ Parks Manager ☐ Park Operations Coordinator

Courtesy Copies to:

☐ Police ☐ Fire Department ☐ Risk Manager ☐ Other _____

-----POST-EVENT COMMENTS-----

Permit No. _____

Applicant: _____

Event: _____

Event Site: _____

Event Date: _____

NAME AND TIELE

DATE

PLEASE RETURN COMMENTS TO THE PARKS AND RECREATION DEPARTMENT, ATTENTION OF THE PARKS MANAGER. WE WILL USE THESE COMMENTS WHEN EVALUATING FUTURE APPLICATIONS AND POLICY REGARDING APPROPRIATE PARKE USE.